

13142 U.S. PTO
041604

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

22390 U.S. PTO
10/826091
041604

Applicant: KAWAGUCHI et al.
Docket: 10873.1436US01
Title: BONDING LAYER FORMING SOLUTION, METHOD OF PRODUCING COPPER-TO-RESIN BONDING LAYER USING THE SOLUTION, AND LAYERED PRODUCT OBTAINED THEREBY

CERTIFICATE UNDER 37 CFR 1.10

'Express Mail' mailing label number: EV 347845808 US

Date of Deposit: April 16, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: _____
Name: Teresa Anderson

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

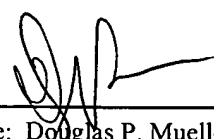
- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 15 pgs; 19 claims; Abstract 1 pg.
The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 1 sheets of formal drawings
- ☒ Certified copy of a Japanese applications, Serial No. 2003-125631, filed April 30, 2003; Serial No. 2003-164183, filed June 9, 2003, the right of priority of which is claimed under 35 U.S.C. 119
- ☒ Small entity status is claimed pursuant to 37 CFR 1.27
- ☒ A signed Combined Declaration and Power of Attorney
- ☒ Assignment of the invention to MEC COMPANY LTD., Recordation Form Cover Sheet
- ☒ A check in the amount of \$385.00 to cover the Filing Fee
- ☒ A check for \$40.00 to cover the Assignment Recording Fee.
- ☒ Application Data Sheet, 7 pages.
- ☒ Return postcard

CLAIMS AS FILED

| Number of Claims Filed | | In Excess of: | | Number Extra | | Rate | | Fee |
|------------------------------|---|---------------|---|--------------|---|-------|---|----------|
| Basic Filing Fee | | | | | | | | \$385.00 |
| Total Claims | | | | | | | | |
| 19 | - | 20 | = | 0 | x | 18.00 | = | \$0.00 |
| Independent Claims | | | | | | | | |
| 3 | - | 3 | = | 0 | x | 86.00 | = | \$0.00 |
| MULTIPLE DEPENDENT CLAIM FEE | | | | | | | | \$0.00 |
| TOTAL FILING FEE | | | | | | | | \$385.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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23552

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